PTO/SB/06 (12-04)
Approved for use through 7/34/2006, CMB 0651-0032
U.S. Pubust and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information privacy it disastens a weld OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								9/053702 1053 702		
APPI	- PART I (Column 2)			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
FOR TO 19 S NIAMBER FILED			· NUMBER EXTRA			RATE (9)	FEE (B)	1	RATE (\$)	FEE (TO
BASIC FEE p7 CFR 1.18(s), (b), p7 (c)} SEARCH FEE										100
(37 CFR 1.1800, (), or (140) EXAMINATION FEE (37 CFR 1.18(x), (y), or (40)		<del></del>	<u> </u>							
TOTAL CLAIMS (ST CFR 1.18(II)	ව	minus 20 +	•			х -		OR	x 4	
INDEPENDENT CLAIMS ( (37 CFR 1.16(N))	3	e Caurdin	•			х =	•		x /•	
APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).								]. 		
MILATIPLE DEPENDENT CLAIM PRESENT (27 CFR 1.16(1))									/	_
" If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		1	TOTAL	190
APPLICA	TION AS A	MENDED	– PART II			·	-			
(Column 1) (Column 2)				(Column 3)		SMALL I	FNTITY	OR	OTHER SMALL	
< 212 00	CLAIMS EMAINING AFTER ENDMENT	Pf	HIGHEST NUMBER NEVIOUSLY PAID FOR	PRESENT EXTRA		RATE (8)	ADDI- TIONAL FEE (8)		RATE (8)	ADDI- TIONAL FEE (1)
Testi AM Testi  Gront 1.500 Gront 1.500 Application Size Fee		Minus **	B	. 0		x =	V 5.447	OR	x •	<u> </u>
Stotependent (pr cirk 1.160b)	3	Milnes ***	3			х •		OR	х =	
Application Size Fee (37 CFR 1.18(s))										
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.14(g)						TOTAL		OR	TOTAL	
·						ADOLFEE		OR	ADDIFEE	
	olumn 1)		(Column 2)	(Cohemn 3)						
10/4/00 PE	MANING VFTER SHOWENT	PE	NUMBER EVIOUSLY 'AID FOR	PRESENT EXTRA		RATE(8)	ADOI- TIONAL FEE (II)		RATE(8)	ADDI- DONAL FEE (B)
Total ·		Minus "	20	• –		х -		OR	×	
GO GPR 1.88(3)  Sudependent pr GPR 1.88(3)	2	Mirus	3		.	х -		OR	× •	
Application Size Fee (37 CFR 1.16(a))										
FRET PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.16(3)								<b>OR</b>		
						TOTAL ADOL FEE		OR .	TOTAL ADD'L FEE	
<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</li> <li>If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.</li> </ul>										

J. 3.1.

The collection of information is required by 37 CFR 1.14. The information is required to obtain on the appropriate box is column 1.

This collection of information is required by 37 CFR 1.14. The information is required to obtain or restain a benefit by the public which is to tile (and by the USPTO typ process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and autimiting the completed application form to the USPTO. There will very depending upon the individual case. Any comments on the enount of time you require to complete the form endor suggestions for reducing this burston, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.